

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Joseph P. Baumgartner et al.
Application No. : 10/762,812 Confirmation No. : 6195
Filed : January 21, 2004
For : INTERACTIVE TELEVISION PROGRAM
GUIDE SYSTEMS WITH DIGITAL VIDEO
RECORDING SUPPORT
Group Art Unit : 2621
Examiner : Jason K. Lin

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Attorney Docket: UV-259

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1. Transmittal Form (1 page)
2. Petition for Extension of Time (1 page) in duplicate
3. Fee Transmittal (1 page) in duplicate
4. Amendment and Response (24 pages)

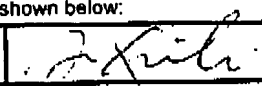
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/762,812	
	Filing Date	January 21, 2004	
	First Named Inventor	Joseph P. Baumgartner	
	Art Unit	2621	
	Examiner Name	Jason K. Lin	
Total Number of Pages in This Submission	29	Attorney Docket Number	UV-259

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Fish & Neave IP Group of Ropes & Gray LLP, Customer No. 1473		
Signature			
Printed name	Tae Bum Shin		
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Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2007</h2>		Complete If Known Application Number: 10/762,812 Filing Date: January 21, 2004 First Named Inventor: Joseph P. Baumgartner Examiner Name: Jason K. Lin Art Unit: 2621 Attorney Docket No.: UV-259	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER APR 20 2007	
TOTAL AMOUNT OF PAYMENT (\$ 200			

METHOD OF PAYMENT (check all that apply)

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
84	4	x 50 = 200
HP = highest number of total claims paid for. If greater than 20		
Indep. Claims	Extra Claims	Fee (\$)
4	0	x 200 = 0
HP = highest number of independent claims paid for. If greater than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	150	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)
 Other (e.g., late filing surcharge): _____

SUBMITTED BY		Registration No. L0091	Telephone 650.617.4000
Signature		(Agent)	
Name (Print/Type)	Tae Bum Shin	Date	April 20, 2007

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